

# STATE OF MAINE

## OCCUPATIONAL THERAPY PRACTICE

### APPLICATION FOR LICENSURE

- Temporary Occupational Therapist
- Temporary Occupational Therapy Assistant



Department of Professional and Financial Regulation  
Office of Licensing and Registration  
35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626  
Office Facsimile: (207) 624-8637  
TTY/HEARING IMPAIRED (888) 577-6690  
Email: [jennifer.l.mooney@maine.gov](mailto:jennifer.l.mooney@maine.gov)

Office located at: 122 Northern Avenue, Gardiner, Maine

## **APPLICATION GUIDE**

### **I. REQUIREMENTS FOR TEMPORARY LICENSURE**

A temporary license may be granted to a person who has completed the education and experience requirements. This temporary license allows the person to practice occupational therapy under the supervision of a licensed occupational therapist. This license is valid until the results of the next scheduled national examination taken by the person are available to the Board. Please see Title 32, Chapter 32, § 2278 for complete information.

Applicants for temporary licensure must submit:

- ☐ Application with all sections completed;
- ☐ Fees: All Checks/Money Orders should be made payable to the "Treasurer, State of Maine". If paying using a credit card please use the Credit Card form at the end of the application. All Fees can be in one payment;
  - **\$60.00** Application Fee
  - **\$25.00** License Fee for Temporary Occupational Therapist
  - **\$20.00** License Fee for Temporary Occupational Therapy Assistant
  - **\$15.00** Criminal History Check fee
- ☐ Completed Supervisor's Affidavit;\*\*
- ☐ Official transcript or completed verification of education form;
- ☐ Two professional references addressing ethical practice – see Board Reference Forms; and
- ☐ All applicants must submit documentation of NBCOT approval to sit for the certification examination.

**\*\*Please note: the Board must be notified of any change in the temporary licensee's supervisor within 15 days. Such notification shall be in the form of a signed supervisor's affidavit form and mailed directly to the board. Please refer to Board Rule Chapter 5, Section (3)(4)(B)**

### **II. REQUIREMENTS FOR CHANGE OF STATUS**

To change from a temporary to a permanent license, submit the following:

- ☐ Written request for change of status;
- ☐ Fees: All Checks/Money Orders should be made payable to the "Treasurer, State of Maine". If paying using a credit card please use the Credit Card form at the end of the application. All Fees can be in one payment; and
  - **\$80.00** License Fee for Occupational Therapist
  - **\$70.00** License Fee for Occupational Therapy Assistants
- ☐ Verification of certification form completed and signed by NBCOT. (Form is available at [http://www.nbcot.org/verification\\_orderform](http://www.nbcot.org/verification_orderform) ) Applicants applying within three months of having taken the examination, who have had the examination score sent directly to the board, are exempt from this requirement.

**Applications will not be processed until all documentation is received. It is the responsibility of the applicant to see that all documentation is completed and returned to the board for consideration. If you need any further information please contact Jennifer Mooney at (207) 624-8626 or email at [jennifer.l.mooney@maine.gov](mailto:jennifer.l.mooney@maine.gov)**



JOHN ELIAS BALDACCI  
GOVERNOR

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**Board of Occupational Therapy Practice**  
35 STATE HOUSE STATION  
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04333-0035  
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Office Use Only		
License #	_____	
Cash #	_____	
Check #	_____	
4440	1423	\$25 OT
	1424	\$20 OTA
4440	1446	\$60
4440	2619	\$15

ANNE L. HEAD  
DIRECTOR

## APPLICATION FOR LICENSURE

### Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

### Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.

### Please check the type of license you are applying for:

- ☐ Temporary Occupational Therapist
- ☐ Temporary Occupational Therapy Assistant

Name: \_\_\_\_\_  
First Middle Last Maiden

Any other names used: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or PO Box County

\_\_\_\_\_  
City/town State Zip code

Home phone number: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_



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OFFICES LOCATED AT: 122 NORTHERN AVENUE,  
GARDINER, MAINE

FAX: (207)624-8637

Examination date: \_\_\_\_\_

Current or intended place of employment:

Name	Street address
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City/town	State	Zip code	Telephone #
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Employment: reflecting occupational therapy practice for the last three years or two jobs:

Facility	Address	Position	Dates
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Has any state board governing the practice of occupational therapy denied your application for examination or licensure?

☐

Yes

☐

No

If yes, please attach explanation.

Has your license ever been suspended or revoked by any state?

☐

Yes

☐

No

If yes, please attach explanation.

**CRIMINAL HISTORY RECORDS CHECK PROCEDURE**

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

Have you ever been convicted of a crime other than a minor traffic violation?

☐

Yes

☐

No

If yes, please describe in detail the date(s), crime(s) and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction.

**I have read and completed this application and I attest that all the information is true to the best of my knowledge.**

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**AUTHORIZATION OF CREDIT CARD PAYMENT**

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

<b>Name:</b> (applicant fees being paid for)		
<b>Mailing Address:</b> (applicant fees being paid for)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Telephone #:</b> (____) _____ - _____	

<b>Name of cardholder:</b> (if other than applicant)		
<b>Mailing Address:</b> (if other than applicant)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

☐ Visa ☐ MasterCard \_\_\_\_\_

Card number

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ in the amount of: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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**REFERENCE FORM**

Name of applicant \_\_\_\_\_

In what professional capacity do you know the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Are you related to the applicant? If so, how \_\_\_\_\_

Please give a brief statement of your knowledge of the applicant's ethical practice of occupational therapy:

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Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Printed name and title of reference: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Telephone number during work hours: \_\_\_\_\_



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Telephone number during work hours: \_\_\_\_\_



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This verification form must be completed by an appropriate official - Dean, Director -from the educational institution where the applicant received the occupational therapy degree. If the institution does not use a school seal, the official signing the verification must sign in the presence of a Notary Public. **After completion, please mail this document directly to the Maine Board of Occupational Therapy at the address shown below.**

I hereby certify \_\_\_\_\_ has completed all didactic and  
(Name, please print)  
clinical education requirements of the Occupational Therapy Program on the \_\_\_\_\_  
day of \_\_\_\_\_ 20\_\_\_\_ and was granted /will be granted a degree of  
(underline one)  
Occupational Therapy or Occupational Therapy Assistant on \_\_\_\_\_ day  
(circle one)  
of \_\_\_\_\_ 20\_\_\_\_ by:

\_\_\_\_\_  
Name of Educational Institution

**SCHOOL SEAL**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Print Name Here

\_\_\_\_\_  
Telephone Number

If a Notary Public is used in place of a school seal, this statement must be completed:  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires: \_\_\_\_\_

**SEAL**



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